## FASTTRACK JOB TRAINING ASSISTANCE PROGRAM

## <FJTAP> Application

Company:			
Address:	City:	State/	<b>Z</b> ip
Telephone:	Fax:	e-mail:	
Company's Profile:			
Current Employment:	New .	Jobs: Year 1Year 2	Year 3
Does the Company hire S	Seasonal/Part-time/Temporary w	orkers? Yes	No
If Yes, please add/attacl	h statement of explanation.		
Does the Company antici	pate any lay-offs or furloughed	employees? Yes	No
If Yes, please add/attacl	h statement of explanation.		
Starting Wage/Production	n Worker: \$ Av	verage Wage/Production	Worker: \$
	anufacturingDistribution		
Product to be manufactur	red/distributed/service to be prov	rided:	
S.I.C. code or NAICS co	de:		
Capital Investment (3 year	ars) Real:	Personal:	
-			
<b>Community's Profile:</b>			
Economic Distressed Cor	unty YesYes	No	
Three Star Community S	tatus:		
Company Contact:			
Name:	Title:		
Mailing Address:		Dhono	
waning Address.		r none	
		Fax Number:	
e-mail address:		<u></u>	
		Fax Number:	

COMPANY INFORMA	ATION			
Does the company mainta	ain compliance w	rith Title VI-Civil Rights Ac	et of 1964?	
Yes	No			
Is the company which wo Rights Act of 1964?	ould be assisted w	rith the FJTAP grant current	ly in violation of Title	e VI-Civil
Yes	No			
If the answer is yes, plea	se provide inform	nation on the nature and cur	rent status of this viol	ation.
Is the company registered	d to do business in	n the State of Tennessee?	Yes	No
Certificate can be obtained	ed at http://www.state.	cate of Authorization or Go tn.us/sos/forms/ss-4238.pdf or by c rtificate accompanies this ap	contacting the Secretar	
		rith the FJTAP grant current tection Agency or the Tenne		
Yes	No			
If the answer is yes, pleas	se provide inform	nation on the nature and curr	ent status of this viola	ation.
♦ If the state contract total number of emp	oloyees and the t	assisted company agrees to otal number of minorities	o submit periodic rep employed for five ye	oorts on the ars after the
♦ If a contract is awar Tennessee's Comptr	ded, the assisted	company concurs undersportunity to audit FJTAP	tanding of the State opportunity	<u>of</u>
(Comp	pany)			
(Nam	ne)			
(Title	e)	_		
(2.00	,			
(Signatur	re)	<del></del>		

# STATE OF TENNESSEE ECONOMIC & COMMUNITY DEVELOPMENT

### FastTrack Job Training Assistance Program (FJTAP) Application

#### **Additional Information:**

	you	currently have a training plan in place?
2	2.	When is training expected to start for production workers:  Please list your general job classifications and how many jobs that are expected in each
2		1 5
4. List expected (in-house) classroom instruction by following the <b>example</b> below:  a. Name of Class: b. Length of Class: (in hours) c. Number of times the class will be taught:  5. Do you plan to hire any outside vendors for the purpose of training? If so, please give the name of the vendor, kind of training, how many hours of instruction, and how much the vendor is charging per hour, or if there is a tuition involved.  6. Will you have corporate instructors from any of your other facilities that will travel to Tennessee to train new hires? If so, explain where they may be traveling from, how many nights would they stay, and what kinds of training would they be involved in.  7. Will you send any new hires/supervisors from Tennessee to one of your other plants to receit training and return to Tennessee to train other new hires? If so, explain where they would		2 6
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Completed/Original Application should be forwarded to: Jeff Bolton –Director

Grants & Loans Division-ECD 10<sup>th</sup> Floor WRS-TN Tower 312 Rosa L. Parks Avenue Nashville, TN 37243 jeff.bolton@state.tn.us